

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010059

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43Primary Registration District No. 3007Registrar's No. 652

STATE FILE NUMBER

FILED MAR 26 1962

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b Life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 918 Cherry Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BIRDIE Middle LEE Last KEELE		4. DATE OF DEATH Month March Day 8 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1908
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months 53 Days 53 Hours 53 Min. 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	
11. BIRTHPLACE (City and state or country) -Hendrickson, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Chas. Taylor		13b. MOTHER'S MAIDEN NAME Sophonra Romine	
14. NAME OF HUSBAND OR WIFE Lloyd Keele		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Lloyd Keele Poplar Bluff, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertrophic, hypertensive cardiomyopathy 12 yrs DUE TO (b) discharge DUE TO (c) 12 yrs		INTERVAL BETWEEN ONSET AND DEATH 20 min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic bronchitis with emphysema		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4/15/56 a.m. 3/8/62 p.m. 3/5/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Poplar Bluff, Missouri	
20g. COUNTY Butler		20h. STATE Missouri	
21. I attended the deceased from 4/15/56 to 3/8/62 and last saw her alive on 3/5/62 Death occurred at 3/5/62 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Cyril G. Post (Degree or title) M. D.		22b. ADDRESS Poplar Bluff, Missouri	
22c. DATE SIGNED 3-10-1962		22d. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
22e. LOCATION (City, town, or county) Poplar Bluff, Missouri		22f. (State) Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-10-1962	
23c. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.		23d. ADDRESS 3/21/1962	
23e. DATE RECD. BY LOCAL REG. 3/21/1962		23f. REGISTRAR'S SIGNATURE Thelma Graham	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip J. Cassady

Licensed Embalmer No.

4618

P. O. Address

Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.